Fellowship Symposium

Department of Family Medicine and Community Health
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

May 1, 2025 – 8:30 am – 12:10 pm

Department of Family Medicine and Community Health Administrative Office

Oak Room, 2nd Floor

610 Whitney Way, Madison WI, 53705

This symposium will feature short presentations by fellow representatives of the following Department of Family Medicine and Community Health fellowships:

Integrative Health (IH)
LGBTQ+ Health (LH)
Primary Care Research (PCR)

Schedule of Events

8:00 am - 8:30 am	**Room opens – Presenting Fellows Technology Check**
8:30 am – 9:00 am	**Breakfast**
9:00 am – 9:15 am	**Welcome & Opening Remarks** Earlise Ward, PhD, LP Director, PCR Fellowship
9:15 am – 9:35 am	**Sydney Tan, MD (PCR)** Effects of a Smartphone-based Well-being Training in Frontline Residents: A Randomized Clinical Trial
9:35 am – 9:55 am	**Laura Andrea Prieto, PhD (PCR)** "Nuestro Ritmo": Latino People with Parkinson Disease and their Care Partners' Experience and Perspectives on Community-based Exercise Programs and their Occupational Priorities
9:55 am – 10:15 am	**Emily Claypool, PhD (PCR)** System Perspectives on MOUD: Determinants of Low-barrier MOUD Provision across Six Rural Wisconsin Counties
10:15 am- 10:30 am	**Break**
10:30 am – 10:50 am	**Elizabeth Ver Hoeve, PhD (PCR)** Biobehavioral Intervention Following Hematopoietic Cell Transplantation: A Feasibility and Acceptability Randomized Controlled Trial
10:50 am – 11:10 am	**Miena Hall, MD, IBCLC (PCR)** Novel Bacillus cereus Screening Protocol Reduces Contamination and Milk Loss at Human Milk Bank
11:10 am – 11:15 am	**LGBTQ+ Health Fellowship Intro** Ronni Hayon, MD LGBTQ+ Health Fellowship Director
11:15 am – 11:35 am	**Erin Gutowski, DO (LH)** Fellowship in Practice: Engaging Rural Clinicians Through Community and Capacity-Building
11:35 am – 11:40 am	**Integrative Health Fellowship Intro** Ravi Hirekatur, MD Integrative Health Fellowship Co-director
11:40 am – 12:00 am	**Karina Viloria-Rodríguez, MD (IH)** Advancing Integrative Health and Equity Through Clinical Practice, Research, and Education: A Fellowship Experience
12:00 pm – 12:10 pm	**Closing Remarks**

Abstracts

Name: Sydney Tan, MD (PCR)

Title: Effects of a Smartphone-based Well-being Training in Frontline Residents: A Randomized Clinical Trial

Abstract:

Importance: Meditation-based interventions (MBIs) can improve resident stress, burnout and well-being. Smartphone-based MBIs may benefit residents with fewer barriers than in-person MBIs.
Objective: Determine the efficacy of a smartphone-based MBI on improving frontline resident stress.
Design, Setting, and Participants: A 2-arm randomized clinical trial conducted in 2024. Enrollment occurred February-June 2024 with data collection completed on December 1, 2024. The study at University of Wisconsin-Madison was fully remote, enabling nationwide participation. Residents enrolled in a US residency program, in a frontline high-burnout specialty, were eligible.
Interventions: Participants were stratified by baseline stress level and specialty then randomized to either the Healthy Minds Program (HMP) or the control condition. HMP is a 4-week smartphone-based MBI with thematic lessons and meditation-based practices with flexible session lengths. The control group received a well-being resources list.
Main Outcome and Measure: The primary outcome was stress, assessed using the Perceived Stress Scale (range, 0-40; higher scores indicate greater stress) at baseline, weeks 1-4, and 3-month follow-up. Secondary outcomes included measures of burnout, loneliness, sleep disturbance, flourishing, resilience, meaning and purpose, mindfulness, defusion, self-efficacy, and competency milestones at baseline, post-treatment week 4, and 3-month follow-up.
Results: Among 508 randomized participants (332 [65.4%] women), 255 were randomized to HMP and 253 to control. The HMP group demonstrated greater reductions in stress than the control group post-treatment (estimate, -0.45 [95% CI; -3.23, -0.73]; p=.002) that was not sustained at 3-month follow-up (estimate, -0.47 [95% CI; -1.65, 0.72]; p=.440). The HMP group demonstrated greater improvements in well-being-related outcomes at week 4, without sustained effects at 3 months: burnout (estimate, -1.42 [95% CI; -2.55, -0.64]; p=.017), loneliness (estimate, -0.17 [95% CI; -0.29, -0.07]; p=.010), sleep disturbance (estimate, -2.33 [95% CI; -3.51, -1.24]; p=.001), flourishing (estimate, 0.40 [95% CI; 0.27, 0.59]; p<.001), resilience (estimate, 0.13 [95% CI; 0.05, 0.24]; p=.012), and meaning and purpose (estimate, 2.52[95% CI; 1.32, 3.89]; p=.001).
Conclusion and Relevance: Among frontline residents, a smartphone-based MBI, compared with receiving well-being resources, resulted in greater improvements in stress, burnout, and well-being in the short-term. Further work is needed to understand factors that promote sustained effectiveness.

Abstracts

Name: Laura Andrea Prieto, PhD (PCR)

Title: "Nuestro Ritmo": Latino People with Parkinson Disease and their Care Partners' Experience and Perspectives on Community-based Exercise Programs and their Occupational Priorities

Abstract:

Introduction: Physical activity participation can help manage Parkinson disease (PD) symptoms and enhance performance in daily occupations. Latino people with PD and their care partners (CPs) have been critically underserved by clinical and academic programming, resulting in poorer health outcomes. Despite the benefits of physical activity, it has been reported that Latino people with PD and their care partners did not believe exercise was useful in managing their PD.
Purpose: The purpose of this study is to describe the perspectives and experiences of Latino people with PD and their care partners with physical activity and how it relates to their self-identified occupational priorities.
Methods: Participants completed a demographic questionnaire, the Canadian Occupational Performance Measure (Law et al.,1990), and a semi-structured interview guided by the RE-AIM framework on perspectives and experiences in PA (Glasgow et al., 2019). Data were collected via Zoom, telephone, or in-person, in English or Spanish, based on participants' preference.
Results: People with PD (n = 15) primarily focus on personal care and community management, while care partners (n = 11) identify occupational problems around socialization, caregiving responsibilities, and education. Preliminary reflexive thematic analysis demonstrates that people with PD understand the benefits of physical activity in achieving their occupational goals, and care partners want to promote physical activity for their loved ones but do not know how. Barriers to physical activity for people with PD include having a fear of being judged or targeted and not having activities at "nuestro ritmo" or at their rhythm or preference, while care partners often cited time and cost.
Conclusion: Occupational priorities were not usually related to PA, yet participants recognized that PA participation could help with occupational performance.

Abstracts

Name: Emily Claypool, PhD (PCR)

Title: System Perspectives on MOUD: Determinants of Low-barrier MOUD Provision across Six Rural Wisconsin Counties

Abstract:

Background and Purpose: Rural communities have been disproportionately impacted by the escalating overdose crisis, yet medications for opioid use disorder (MOUD), including methadone and buprenorphine, remain underutilized—particularly among people who continue to use drugs. This study investigates equity-related barriers to MOUD provision in rural Wisconsin through the perspectives of prescribers and professionals who interact with people who use drugs (PWUD). We identify opportunities to expand low-threshold MOUD delivery in underserved rural areas.
Methods: Conducted as part of the multi-state Rural Opioid Initiative, this study interviewed 48 providers across medical, social service, and legal systems in six rural Wisconsin counties between 2018 and 2019. Semi-structured interviews explored participants' experiences with MOUD delivery, perceived barriers, and attitudes toward harm reduction approaches. All interviews were audio-recorded, transcribed, and analyzed using Dedoose qualitative software. Guided by thematic analysis, we identified preliminary analytic categories from the Health Equity Implementation Framework (HEIF) and inductive constructs emerging from the data (e.g., beliefs about MOUD; perceptions of drug users; barriers to prescribing MOUD).
Results: Our findings support that rural-dwelling PWUD face severe gaps in MOUD access, driven by three equity-related barriers, which are interrelated: (1) treatment orientation/ philosophical differences (e.g., abstinence-contingent vs. harm reduction model; lack of harm reduction training or specialized training in MOUD; lack of engagement with syringe service programs; mistrust), (2) structural determinants to healthcare use (e.g., lack of stable housing, lack of criminal-legal system buy-in), and (3) service encounter misalignment (e.g., workforce shortages; restrictions on methadone receipt; reimbursement concerns and administrative burden; perceived need for clinical control over accessibility; strict requirements for adjunctive services and attendance).
Conclusion and Implications: Current systems of care remain poorly aligned with the needs of rural PWUD—particularly those actively using drugs who face the highest overdose risk. To address these gaps, we propose policy and practice changes informed by frontline providers and harm reduction programs, including expanded provider education, reduced bureaucratic hurdles, and greater integration of MOUD with other services.

Abstracts

Name: Elizabeth Ver Hoeve, PhD (PCR)

Title: Biobehavioral Intervention Following Hematopoietic Cell Transplantation: A Feasibility and Acceptability Randomized Controlled Trial

Abstract:

Objective: Hematopoietic cell transplantation (HCT) is a treatment for patients with hematologic malignancies. Symptoms of fatigue, sleep disturbance, and depression often co-occur following HCT and persist well into survivorship. A biobehavioral process, the 24-hr circadian rest-activity rhythm, may underlie this symptom cluster and represent a potent target for intervention.
Question: This study evaluated the feasibility and acceptability of a novel intervention, Restoring Sleep and Energy after Transplant (ReSET), to restore normal circadian rest-activity patterns and alleviate symptoms of fatigue, sleep disturbance, and depression in adults recovering from HCT.
Methods: ReSET combined evidence-based behavioral strategies to enhance sleep quality and increase engagement in daytime activity. The intervention was delivered in three individualized 60-minute sessions at approximately 4, 8, and 12 weeks post-HCT. Patients (N=38) were randomized 2:1 to ReSET (n=26) or standard care (n=12). Participants completed actigraphy assessments of 24-hour rest-activity patterns and self-report assessments at pre-HCT (T0), intervention midpoint (T1), and 18 weeks post-HCT (T2). Participants also reported on study satisfaction and acceptability.
Results: Most participants were retained in the study through 18 weeks post-HCT: 85% of those randomized to ReSET completed all three sessions. Post-intervention interviews indicated high participant satisfaction. Examination of effect sizes at T2 indicated that participants randomized to ReSET had more robust 24-hour rest-activity patterns on actigraphy indices, including more consistent rhythms (Cohen's d = 0.85), greater distinction between daytime activity and nighttime rest (d = 0.78), and greater overall activity (d = 0.85), providing proof-of-concept for modulating intervention targets. Participants randomized to ReSET also reported less fatigue (d = 0.46), sleep disturbance (d = 0.65), and depression (d = 0.41), indicating promise for intervention efficacy.
Conclusions: Results indicate preliminary efficacy for the ReSET intervention and support further optimization and testing of ReSET within a larger RCT.

Abstracts

Name: Miena Hall, MD, IBCLC (PCR)

Title: Novel Bacillus cereus Screening Protocol Reduces Contamination and Milk Loss at Human Milk Bank

Abstract:

Background: Bacillus cereus is a Gram-positive, spore-and-biofilm-forming bacterium, resistant to decontamination methods in food processing and clinical settings, posing a risk to immunocompromised neonates. In human milk banking, B. cereus is identified as a potential biological hazard, requiring microbiological testing protocols from the Human Milk Banking Association of North America (HMBANA) to ensure each batch of pasteurized milk tests negative for B. cereus. Novel prescreening strategies are essential to prevent milk loss and ensure an adequate supply of donor milk for premature infants.

Objective: To decrease B. cereus contamination and pasteurized donor human milk waste through prescreening of individual donor human milk pools.

Methods: We instituted a protocol of pooling individual donors' raw milk and prescreening single donor pools prior to multi-donor pooling and processing. Samples of individual pools were incubated on MYP medium plates for 24 hours. Pink color changes indicated positive B. cereus, and that milk was discarded. Negative pools were combined and pasteurized. Post-pasteurization microbiological testing confirmed the absence of B. cereus.

Results: Total donor milk processed before (1/2016 – 10/2017) and after (11/2017 – 8/2019) the protocol were 252,663 oz and 436,723 oz respectively. Incidence rates of B. cereus contamination before and after were 0.133 and 0.027 with a rate ratio of 0.1995 (95% CI [0.1256, 0.3092]; $p<0.0001$). Donor milk discard rates before and after were 0.127 and 0.018 respectively with a rate ratio of 0.1466 (95% CI [0.1411, 0.1481]; $p<0.0001$).

Conclusion: The novel prescreening protocol significantly decreased B. cereus contamination rates and total milk volume discarded. Future research includes exploring real-time quantitative PCR to detect B. cereus, reducing processing time before pasteurization.

Abstracts

Name: Erin Gutowski, DO (LH)

Title: Fellowship in Practice: Engaging Rural Clinicians Through Community and Capacity-Building

Abstract:

Throughout the modern era of medicine, primary care clinicians have continued to practice in ever-changing, ever-challenging healthcare models that have contributed to administrative burden and compassion fatigue. When a production-based model no longer serves our patients or those who work within the system, how do we reinvigorate our practice through adaptive innovation?

With the goal of building a sustainable adolescent and young adult health clinic to better serve youth seeking confidential care in rural Wisconsin, Minnesota, and Iowa, one pediatrician embarks on a quest to find an ideal practice model. There will be snags, side quests, dead ends, executive orders and promising stakeholders (and let's be honest, some not-so-promising stakeholders...eek!)

While this fellowship project focuses less on a specific research question and more on a framework for future clinical innovation, the process of planning for resource allocation and research initiatives starts with engaging a trusted team of clinician advisors and a diverse community population. From resource mapping to framework selection, taking a deep dive into a SWOT analysis and resurfacing with a 5-year plan, we will answer the simple question: what is it you plan to do with your one wild and precious practice?

Abstracts

Name: Karina Viloria-Rodríguez, MD (IH)

Title: Advancing Integrative Health and Equity Through Clinical Practice, Research, and Education: A Fellowship Experience

Abstract:

As a fellow in the Academic Integrative Health Fellowship, I participated in a range of clinical, research, and educational initiatives aimed at advancing whole-person, equity-centered care. A central part of my fellowship was working within the Battlefield Acupuncture (BFA) group medical visits for chronic pain, where I helped facilitate integrative care in a collaborative, community-oriented setting.

In addition to clinical and research activities, I presented a Grand Rounds on Integrative Health in Hospital Care, discussing opportunities for integrating complementary therapies into inpatient settings and highlighting the value of a holistic, team-based approach in acute care environments.

The culmination of my fellowship was presenting a poster at the Academic Consortium for Integrative Medicine and Health entitled “Integrative Health Equity in Fellowship Seminars: The Development, Implementation, and Assessment of Equity-Focused Objectives.” This project focused on embedding equity-driven content into fellowship seminar curricula and evaluating its impact, offering a model for advancing justice and inclusion in integrative health education.

These experiences deepened my understanding of the intersection between integrative medicine, education, and health equity, and reinforced the importance of collaborative, inclusive approaches to care and training.